The Medical Arm

of the

Missionary Service

Testimonies from the Field

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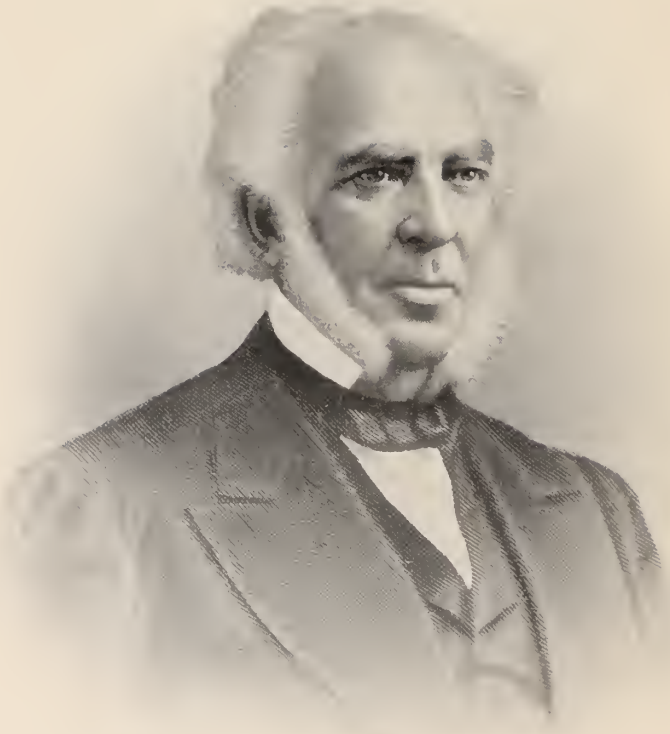

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First Medical Missionary of the American Board in China.

The Medical Arm

OF THE

Missionary Service.

TESTIMONIES FROM THE FIELD.

American Board of Commissioners for Foreign Missions,
CONGREGATIONAL HOUSE, BOSTON.
1898.

THE following collection of testimonies in reference to the aims and methods of Medical Missions has been kindly prepared by the Rev. Edmund K. Alden, D.D., who, while Corresponding Secretary, secured these communications from able and devoted missionary physicians in various parts of the world.

E. E. S.,
Editorial Secretary.

Rooms of the American Board,
Boston, June, 1894.

PRESS OF SAMUEL USHER, BOSTON, MASS.

THE MEDICAL ARM OF THE MISSIONARY SERVICE.

TESTIMONIES FROM THE FIELD.

"WHAT is the place appropriately occupied by the medical work as a missionary agency? Has it any perils on the spiritual side, as related to the secularizing of the missionary work?" These inquiries, or inquiries of a similar import, were sent out a few months ago to several of the medical missionaries of the American Board, most of them having had a prolonged experience in the service. The following replies which have been received are herewith presented as worthy of careful perusal, being exceedingly instructive and suggestive.

They all unite in urging a more vigorous prosecution of this department of missions, calling for additional pecuniary support and for an increase in the number of thoroughly educated and thoroughly consecrated missionary physicians, both men and women. A few thousand dollars each year, specially designated by donors for the medical department, would be exceedingly helpful to the entire work.

Possibly some of the noble Christian physicians in our churches and congregations at home, appreciating, as they may be expected to do more than others, the value of this beneficence, may feel impelled themselves to bestow, and to encourage others to bestow, generous gifts for this important work. So may it be, if God will!

We present fourteen testimonies, one from Africa, two from India, two from Japan, four from Turkey, and five from China.

FROM AFRICA.

I.

The first testimony we present is from Dr. W. L. Thompson, of East Central Africa: —

"My experience in medical missionary work has been limited, as it is little over eighteen months since I reached Africa, and during much of this time I have been traveling about, rendering it impossible to follow the results of the little work that I could do in this line; so that this statement must be much more the result of thought than of experience. Still I have seen enough of the ignorance and superstition and the resulting useless and cruel practices of the heathen of this land to convince any one, it would seem, that the Golden Rule requires us, and that the spirit of the Good Samaritan must impel us, to seek to enlighten and help them in this as in their other needs.

"I fully recognize that their great need is of a change of heart, and that this must come through a view of the Lamb of God and a knowledge of his dying love. But how is this to be brought to them? It is not enough that we tell them of Christ's love. The story will seem but an 'idle tale' to them unless they see that love exhibited in living form before their eyes. In what other way can we so readily do this as in relieving their physical sufferings? As we look at them, living in their wretched huts with scarcely any clothing, they seem to us to be destitute of all things, but this is not their view of their condition. In regard to these things they are well satisfied. Should we give them clothes they would not look upon it as an act of charity, for they feel no need in this line. They would not feel that we were sacrificing anything for their good, for they look upon us as possessing inexhaustible wealth. They would simply consider that we wished to win their favor, probably for some selfish end. But in regard to their physical sufferings they feel a need; they often suffer hopeless of relief, and if relief can be given, they feel that that is something to be thankful for, that they have been befriended. They become

more ready to listen when spoken to of their greater needs and the provision which has been made for them.

"Then many of the most debasing and ensnaring superstitions are connected with their theories and treatment of disease, and to meet these superstitions it is desirable that one should clearly understand the subject with which they are connected. So firmly is the belief in some of these superstitions fixed in their minds that it often occurs that one who has professed Christianity for years, and has appeared to 'run well,' feels impelled, when some sickness or calamity comes upon him, to seek help from some of these superstitious rites. Nor is this so strange when we think how much superstition still finds place in Christian lands and even among Christian people of those lands; but there it is limited by public sentiment to less obnoxious forms, while here it rules as a cruel tyrant. The belief in witchcraft is very firmly established. When one becomes sick, some one must be to blame. The offender must be 'smelt out' and when discovered is most cruelly treated. How can such a superstition be better met than by showing them — placing before their eyes — the agent of disease, showing how it may be introduced into animals with the same deleterious effects that it produces in human beings; that its growth and development are as definite and regular as is that of the corn in their fields, the ticks on their cattle, or the intestinal worms with which they are all familiar?

"Closely related to overcoming faith in superstitions is the gaining of confidence in the missionary and his message, and here the influence of skillful treatment of their sick is of great importance. Not only does a right use of medical skill convince them of our kindly regard, but the triumphs of modern medical science often have the impression of miracles to them. And why may they not legitimately serve a similar purpose to these poor heathen that the miracles of Christ and his apostles did to those whom they taught and do to us? Christ doubtless delighted in the relief of physical suffering when consistent with spiritual good; but it seems equally certain that he had a much higher object in

view in the performance of miracles — to draw the attention of men to the great truth he had to offer them and to convince them that he spoke with authority: 'If ye believe not me, believe the works.' Aside from this object it seems doubtful whether miracles would ever have been wrought merely for the relief of physical suffering. Why should not the miracles of modern medical science help to accomplish these same great ends for the heathen world?

"The relevancy of the above considerations should, it seems, be established by the fact that in the absence of the medical missionary all missionaries in this land feel compelled to treat disease. If they have never given any attention to the subject of medicine, they are led to do so at once upon entering upon mission work. All such work, if skillfully performed, is found useful, and of course the greater the skill employed (other things being equal) the more good may be looked for; while in like manner, the results of unskillful efforts may be prejudicial to the cause.

"It is suggested that medical mission work 'may have its perils on the secular side.' It would seem to me that if there is danger here, it must be in the fact that men who are not really consecrated to securing the highest good of those for whom they labor may be more liable to be attracted to this than to other departments of missionary work, though it is certain that this danger is not confined to this department of work."

FROM INDIA.

II.

Dr. Edward Chester, of the Madura Mission, thus writes: —

"I imagine that I can work in the medical line better than I can talk about it. The men to speak a good word for the mission medical work are intelligent friends of foreign missions, who come and see our work with their own eyes and can appreciate its value.

"I have had now thirty-four years' experience of this mission medical work in India. I have looked at it on every side and have had excellent opportunities of seeing just what it is really

worth, as a part of the carrying out of our dear Lord's parting command. And I feel that too much cannot be said in its favor, and that it would be difficult to exaggerate its benefits and advantages to our entire mission work.

"I have never felt disposed to exalt any special mission work over any or all forms of such work. Each has its place and is a necessity in helping on the coming of Christ's kingdom. In carrying on my own mission work in the Dindigul station of the Madura Mission I give the same care and labor and time to the evangelistic and educational and church work that I do to the medical. I try to keep them all up to the mark, and have them all move on harmoniously.

"The mission medical work is a great object lesson to the world, which is specially telling and instructive to the non-Christian people who surround a mission district in countries of idolaters. The pictures having been shown, the lesson taught is love, the love which Jesus the Christ showed in his life and taught in his words when here on earth. As Christ Jesus was the great, the model missionary, so was he the wonderful, the pattern medical missionary. Just what his miracles of healing did for the world eighteen hundred and sixty-three years ago, to excite gratitude, to allay race hatred, to lessen the bitterness of opposite religions, to overcome evil by good, so now, though in a modified quality and a minimized degree, does the mission medical work reach the hearts of men and lead them to think better of the religion of Christ.

"Forms of mission medical work may differ; it may be among men, women, and children, or exclusively among women and children; or it may add to medical and surgical work in the hospital and dispensary the excellent and important work of training up young men and women in non-Christian countries to be physicians or nurses: still the benefit and the influence and the blessing are one and the same. My own firm conviction, after these thirty-four years of active medical work in India, is that no mission is complete or doing all that it might and ought to do to hasten the coming of the kingdom of Christ that has not side by side with

its church and evangelistic and educational and literary, or translating and publishing work, a mission medical work, conducted in the most efficient manner possible, with an eye constantly not alone to the greatest professional success, but to the widest and most extensive spiritual good."

III.

Dr. W. O. Ballantine, of Western India, bears his witness as follows: —

"In brief I may say that the reasons why medical missions are necessary may be grouped under the following heads: —

"First, Christ our Lord commands them.

"Second, Philanthropy requires them.

"Third, There is wisdom in establishing them.

"Fourth, Experience proves their value.

"I would remark in general, in connection with this grouping of the subject, that medical missions have been of great value in the way of self-preservation, of self-support, and of opening out new fields of missionary labor. Prejudice would have made it well-nigh impossible for regularly ordained missionaries to have gained a foothold in many of these places. The medical missionary has entered such places, often at the risk of his life, and has through the medical knowledge that God has given him gained the love and respect of the people, so that permission has at length been granted him to stay on and open up work there which had been at first peremptorily refused him.

"Medical missions are a great means of enlightening and civilizing degraded and ignorant communities. Large numbers of persons, especially children, among such communities die annually, solely through barbarous and inhuman ways of treating their sick. Enlightened medical practitioners have stepped in and saved the lives of many such, and secured the undying gratitude of multitudes of their friends and relatives. Caste prejudice in India exists, as you know, in an aggravated way. This has often been removed, and a kindly feeling established in many neighborhoods

toward missionaries and also toward the religion they profess and seek to extend.

"Instances drawn from my own personal experience might be mentioned to illustrate many of these points; but I must content myself with only one, for want of time. When I first went to Rahuri, seventeen years ago, it needed the greatest amount of coaxing to get the villagers and townspeople of that region to take medicine from a white man. After a few months they would take medicine put up in powders or made up into pills. It required the greatest amount of ingenuity to give medicine always in this shape. Now all classes come freely to my dispensary, and take medicine in liquid form, put up in bottles, as freely as in the forms above referred to. The reason for this was that their priests had strictly interdicted all liquid medicines, as being especially prejudicial to their caste standing. Latterly, however, they got around this interdiction by stating that any water put up in bottles, especially when diluted with any kind of medicine, was perfectly pure for any one to drink, even though it had been previously touched by an outcaste missionary or his defiled converts. This is only one instance, but it will serve to illustrate the intenseness of caste prejudice in India and also shows what patient labor and forbearance on the part of the missionary, coupled with kindness towards all, whether friends or foes, will accomplish."

FROM JAPAN.

IV.

Dr. J. C. Berry, of Japan, thus writes: —

"The medical missionary should be first and always a man consecrated to Christ's service, and with such a deep undercurrent of Christian character and determination as will enable him to resist the subtle temptations to use his unique position only for scientific and humanitarian work. The difference between an ordinary hospital and a missionary hospital should be only this — the service of the latter consecrated to Christ. It should not be one

whit behind the general hospital in outfit and completeness of organization, but in it there should be regular preaching of the gospel and personal work for Christ linked with scientific and systematic work in the art of healing. Every assistant and employee must therefore be a Christian, and the medical missionary must unify the aim of all by weekly prayer-meetings with his staff and by setting a practical example of Christian work and living to all. Thus conducted, the mission hospital remains a great power in every land for good. I would further add, he must regard himself as a co-worker with his brethren — the service of both having but one ultimate object — the bringing of men to Christ. I believe in a Service of Healing.

"It has been said that one of the marked differences in the experience of a medical and a clerical missionary is that with the former the people come to him, while with the latter he goes to them. This difference, with the growing interest in Christian truth in Japan, is not as marked as in most mission fields; but it is still a truth of course here. Last year patients sought relief at the hospital from 147 cities and villages outside of Kyōtō, some of them from remote parts of the country. To such I need scarcely say the missionary physician has done but a part of his duty when he has treated them professionally. To be a physician in every sense worthy the confidence of his patients is of course his first duty; but when, by God's blessing on the means employed, he witnesses pain removed and health restored, it is a duty no less incumbent to impart a knowledge of that which is at once a remedy for sin and a protection from sin. Idols, temples, heathen ceremonies, and means for gratifying unbridled passions await the restored patient as he goes back to old associations, and the medical missionary leaves his work but half accomplished if his patient is allowed to quit the hospital without a knowledge of God's commands and of a Saviour's love. Different methods for accomplishing this have been previously tried; but during the year under review I have been especially gratified with the result attending the presentation, in words of Scripture

as far as possible, of subjects embracing fundamental truths. During the lesson hour it is usual to have the convalescent patients assemble in a large ward, each with a Bible, and then, with hospital assistants and nurses to find the chapter and verse, teach the lesson under consideration by Scripture texts — an assistant at the same time making note of these chapters and verses as a guide for the subsequent private readings of the patients.

"A number of interesting cases might be mentioned showing the result of such work. One, an old samurai with disdain for all religions, proud in the conscious strength of arm and brain, and with contempt for the native faith, entered the hospital with pulmonary consumption. The depth and power of the truth as revealed in the Scriptures impressed him profoundly, and after the first lesson he became an earnest student of the Bible. It was interesting to watch the mental and spiritual awakening and the deepening interest in the truth until he finally accepted Christ as his Saviour. Since leaving the hospital he has been regular in his attendance upon the service, and happy in his new life and hope. Another, with a similar experience, was a school-teacher in the city. Still another was a young man from Nagoya. His parents were wealthy, but strong Buddhists. He became a Christian in the hospital, but fearing to return home before he had received baptism remained, though well, until he could be received to church membership. I have recently heard from him as strong and active in the faith, though partly disinherited by his father. He is now a trustee of the schools under our Presbyterian friends in that city. These men were first impressed, as one of them recently said, with the *reasonableness* of the Scriptures. The words of God appealed to their judgment, his love touched their hearts. It is a fresh illustration of an important truth: 'Man's word is lifeless and without power to enforce itself; the Spirit of God is never absent from his Word.'

"I thus refer to our experience in this line of work, believing it will not be without interest to those having the conduct of

hospitals on the mission field, and who wish to make them, as most do, a center of Christian influence as well as of scientific and humanitarian practice. As Christian physicians in charge of such hospitals, we have placed within our hands exceptional helps to reach the heart. The origin of disease in many cases is such as to bring strong self-reproach and condemnation to the individual, an experience which is intensified and which hardens and petrifies character if the suffering is borne, as it too frequently has to be, in the midst of censorious and unsympathizing relatives. It is just here I am convinced that much of the benefit of the well-conducted mission hospital, where every employee is in sympathy with his chief, is realized.

"Physical suffering is relieved; this is much. But in my experience this alone places the recipient under an embarrassing obligation. It is rather when this is accompanied by acts and expressions of Christian sympathy, which the patient soon learns is but an application to human needs of the wonderful story of divine love and redemption, that pain and suffering become transmuted into an uplifting and purifying agency, and awaken in the individual true gratitude toward the hospital and those connected therewith. One of our evangelists, after kindly visiting us a few times, remarked: 'Why, there is no place where Christian work produces such immediate results as here.'

"Our medical work includes the following heads: (1) For patients in hospital, pupils in nurses' school, and for hospital employees. These include morning prayers, which *all* are encouraged to attend; conversations and Bible readings with individual patients at their bedside; the loaning of tracts, religious journals, and Scripture portions; a Sunday morning service at ten o'clock in the wards; a Monday morning prayer-meeting for the hospital employees; a general preaching service Sunday afternoon at two o'clock, the people of the neighborhood being encouraged to attend; a Sabbath-school from three to four; a Tuesday evening general meeting for special study of the Bible; and a Friday night prayer-meeting for the nurses.

"(2) Service for the out-patients on clinic days.

"(3) House-to-house visitation among patients who have gone out from the hospital after treatment; and

"(4) Medical touring.

"This last form of service — one of the most pleasant in which the medical missionary can engage — has, owing to the demands of hospital and school work, been very limited. The method adopted, and one to which, from its applicability to Japan to-day with the increased intelligence of the country physicians, I may be permitted to refer to at length, is as follows: confer with a few evangelists in a certain region, have them arrange for a series of dispensary services in places where mission medical work may be helpful in awakening or deepening interest in Christian truth, and send forward a hospital assistant to enlist, with the evangelists of the locality, the coöperative sympathy of the local physicians, it being understood that the medical missionary will work with the local physician and commit the subsequent care of the cases, with copies of prescriptions, to him. Such coöperation on our part is rendered further necessary by the legal requirements regulating medical practice. On the day fixed the sick of the region assemble at the place appointed — usually the Christian chapel — and after a brief religious service work for them is begun, an evangelist in the mean time talking with and distributing tracts among those in the waiting-room. At night a general service is held, four or five addresses, emphasizing the practical philanthropic character of Christianity, are made, Christian tracts are distributed, and finally especial attention is drawn to the work of the local evangelist. The following day move on to the next appointment, leaving the awakened interest, greater or less, to the especial care of the Japanese brother laboring there.

"This form of medical work is expansive in its influence and, if care be taken to visit such places as will subsequently be faithfully looked after by the nearest church or evangelist, becomes productive of permanent good. Medical touring received much attention in the early days of our mission and the time for its

usefulness has not passed. It affords to-day, as it ever will, the same signal and peculiar opportunities for presenting the gospel message, emphasized by practical demonstrations of Christian love and charity. We hope for increased opportunities for this line of work in future."

v.

Dr. Wallace Taylor, of Japan, presents his testimony in these words : —

"The position that medical work occupied in general missionary work twenty years ago in the Japan field, and what could be accomplished by it, was very different from what it now is. Then we could open up a new field by organizing a small dispensary, and in connection with it have a place for general missionary work ; we could keep this point open for general missionary work by visiting it and holding a clinic there once every two or three weeks, while a clerical missionary could neither open up a new place of work nor hold one after it was opened up. All the places of work the mission had at that time outside of the open ports were opened up and held in this way by medical work. This continued for some four or five years, till the prejudices of the people and their opposition to missionaries and their work gradually wore away with their increased intercourse with Europeans. After a time the clerical missionary could open up and hold a place of work without the aid of medical work. During these first few years the medical work was the main arm of the work outside of the open ports. Without it comparatively little would have been done. It was invaluable, and was so generally recognized over and above the relief it gave to the sick and needy. It was work that was at once appreciated and esteemed by the people generally. At the centers where it was carried on it fast broke down the prejudices and opposition to our religious teaching and opened the way for general evangelical work. But gradually a change came about as the people became more accustomed to our presence and work, till finally the clerical

missionary could open up a place of work and hold it as well as, if not better than, the medical man, and then medical work gradually dropped back into its more legitimate channel of ministering to the wants of the sick and afflicted and bringing them relief.

"I continued to have out-stations for medical work which I frequently visited, and where I did more or less evangelical work, till by a gradual change in the conditions of the work I saw a less number of patients on my tours than I should have seen had I remained at home. And the clerical missionary having no further need of medical work to aid him specially at any point, I changed my plan of work, ceased medical tours, and confined my medical work to the two centers of Osaka and Kōbe. The patients sought me, and there was no special advantage in my going out to find them.

"This now is the condition of mission medical work in Japan. It occupies much the same place here that benevolent medical work in the United States does, being largely humanitarian. The advantage that it gives the medical man is that it brings many within reach that otherwise might not be accessible, and through the relief afforded it gives access to the heart and opportunity for Christian instruction. Another advantage not to be overlooked is that those benefited by medical treatment and instructed in religious truth carry their impressions home with them and become the means of sending others, that they also may secure the same aid. Thus frequently our patients become the starting point of evangelical work off in remote and obscure places where the gospel truth would otherwise not penetrate for some time to come. Or if they are from places where missionary work is known and already carried on, it gives an added power and influence to the work done there. To all, and especially to those from remote fields, it gives a practical example of the blessed fruits of the gospel. After my work had become well known, in no other way could I reach so many persons and exert so wide an evangelical influence as through medical work. Take my report for 1892,

when I individually treated and exerted an influence on nearly 2,500 persons, many of them from distant and widely scattered places in the south and west of the empire, and where I had nearly 13,000 consultations, and where, with my assistants, who are Christian men, saw nearly 3,500 persons and had over 21,000 consultations, — where we saw professionally over 800 persons in their homes, and made over 2,500 visits to the homes of patients, carrying our Christian influence with us as a Christian man must, — and this, it will be seen, gives an opportunity of influence under peculiarly favorable circumstances that few clerical missionaries in this country enjoy, though they do a large amount of touring.

"It is true it is largely a work of seed-sowing and others gather in the harvest, but it is not void of its legitimate fruits; instances of which very frequently come to my knowledge. Several men who do considerable touring have frequently remarked to me that they find persons almost wherever they go who have been to my clinic, and that many of them know quite a little in regard to Christian doctrine, having heard it while attending the dispensary or hospital.

"I believe in keeping everything native style so far as I can, and hence our hospital and dispensary are native even beyond their highest efficiency in the line of sanitary equipments and in provision for taking care of the sick. Hence we are in close contact with the people, and more in harmony with Japanese life, and our services are largely within their means.

"Medical work as a branch of missionary work should be well and closely followed up by Christian teaching and personal influence, collectively and especially individually, in giving time and attention to the patient in the hospital and in following up the patients attending the clinics to their homes. The medical practitioner with a large work on his hands has neither the time nor the strength to properly attend to this. He must keep up the medical side of his work if he wishes to make it a success, and he should have the aid of an efficient evangelistic helper (a lady,

I believe, is much to be preferred for many reasons) to assist in rendering the Christian side of his work most efficient and productive of largest results."

FROM TURKEY.

VI.

Dr. M. P. Parmelee, of Trebizond, Turkey, thus writes: —

"I can most heartily testify to the great value of medical service in connection with missionary work. This value consists: —

"First, in the great relief from suffering it affords those among whom missionaries labor. When the physician is so thoroughly prepared for his work that he does not hesitate to remove cataracts or perform other capital operations in surgery, and is able to grapple successfully with difficult cases of acute and chronic disease, he may and does save life and relieve suffering to an almost miraculous degree. And even when he is but partially equipped as a medical man he may do much in the same direction. This is especially the case when one is located in remote corners where the missionary is the only medical man of any kind to be found.

"The value of medical missionary work consists: —

"Second, in breaking down prejudice and opening all doors to the free entrance of the missionary with his message of peace. This is Christlike. The man who is able to go about 'healing the sick' is literally imitating his Master. By this means he not only gains a listening ear, but he commends Christianity for just what it is, a benediction to all men.

"You are aware that I entered the missionary field without any special knowledge of medicine, and that I afterward studied in order to supply a lack I seriously felt. If I were to begin my missionary life anew, I would start out with a far better knowledge of medicine than I ever had. I do not say that all missionaries should prepare themselves in this way, but it seems to me more prominence should be given to this branch than at present. For instance, if in every station of three or more missionaries one

should be a thoroughly equipped medical man, my idea would be about filled out. But such medical men should be, first of all, fully consecrated missionaries, and afterward physicians, using their medical skill for the higher purpose of saving men. The difficulty of finding such men doubtless has been a reason why no more medical men have entered this service. Perhaps, however, suitable agitation of this subject would bring forward the right kind of men.

"As to the possible perils of medical work on the secular side, I cannot see that they are greater than in purely educational work. In either case the prevention is thorough missionary consecration."

VII.

Dr. William S. Dodd, of Cesarea, Turkey, gives his views as follows: —

"The one great underlying principle of medical missionary work is that it is to be an agency for preaching the gospel. It is not to be mere humanitarianism. It must be used to open hearts to the truth. If it does not do this, it is a failure. The work of every missionary physician is to be tested by this. This it may do in various ways. At the time of treatment the patients and their friends, anxious to receive a benefit, may be induced to listen, whereas under other circumstances they would not be willing. Again, gratitude may be the motive that will lead them to listen. A less direct working of the physician's influence is by the reputation which his skill may give to the missionaries as a class or to the Protestant community, thus bringing outsiders to our services. Gaining access to houses otherwise closed, gaining acquaintance with people otherwise inaccessible, accustoming them to associate with us so as to dispel their false notions in respect to us and our work, gaining an influence over them so that they shall respect us and our opinions — these are some of the privileges of the physician.

"Another most powerful influence is due to showing the true spirit of Christ in love and mercy to the poor and to the suffering.

It is in this connection that the merely benevolent part of the work shows its importance. Doing good to humanity is in this country accounted a great thing, but it is carried out with a selfish motive, that of gaining merit. When we can persuade the people that we are trying to do good for Christ's sake it is a great point gained.

"The medical missionary may be himself a preacher. He may do his preaching simply in conversation with his patients as they come to him for treatment. On the other hand, he may do little of this, but may do regular preaching from the pulpit and hold stated services. Again, the medical missionary may be no preacher, and may perhaps do very little direct religious work himself, while yet his humanitarian work, coupled with a consistent life, may enable his associates to do far more than they could otherwise do.

"The conditions of the work in different lands are doubtless very different. I know that I find the medical work here far different from what I have read of such work in China and Africa. I attempt to do very little of religious speaking to my patients as they come to me for treatment. To Greeks and Armenians, nominal Christians, the few words that could be spoken thus would be assented to as a matter of course. Christian sentiments and religious phrases are at their tongues' ends; but they need to have patient instruction and to see holy living. To Mohammedans direct words in regard to Christ would quickly lead to complications with the government authorities. I find my chief sphere of evangelistic usefulness independent of my medical work, teaching in Sabbath-schools, occasional preaching, superintending a young men's prayer-meeting, and especially in the out-stations and villages in attracting crowds to the preacher's house and to the chapel. While directly engaged in my medical work I do not attempt to do much religious work. Often in visiting the sick there is opportunity to enter into conversation, oftener there is not. In my Dispensary likewise, which I have just been enabled to open, I do not have any daily religious exer-

cises. When patients stay in my guest rooms I have prayers with them every day, provide them with Bibles and other reading matter, have Bible pictures on the walls, and do all that I can to bring the truth to them. This is, I believe, the method of highest usefulness in medical work, namely, the hospital. It is for this that I long, not merely with a scientific longing, but with a spiritual longing.

"The difficulties that beset the work are very great. The chief of these is the money difficulty. I do not mean the funds to support the work; my practice supplies that and more. I mean the necessity of asking money from the patients. This necessity is based on three grounds: First, funds must of course be raised to pay my expenses; second, justice must be done to other physicians who live by their practice; third, the people must not be pauperized. The first of these is self-evident. In regard to the native physicians here a word should be said. The state of things is very different from what it was thirty years ago, when there were so few educated physicians in the land. Now there are many who have been educated in Constantinople, Athens, or America. My relations with many of these are of the pleasantest, and I frequently consult with them. To do a professedly free practice would be a serious injury to them, for even well-to-do patients would at once take advantage of it. It is a proverbial saying in this country that 'if shrouds were free, every one would die today.' In the third place, to ask for money is a necessity for the people themselves. I am not inclined to look on the dark side of people's characters, but I believe that if I should leave my fees to be paid out of gratitude, I would not receive ten paras in the year. The sense of gratitude among this people is not strong enough for that. I demand my fees as a right, and where I think people can pay I refuse to treat them without the money and often send them away. Well-to-do people will lie and resort to every artifice to make me believe them poor. To encourage such shameless begging would, I feel, be a wrong to the people themselves. My principle is never to send any poor person away

untreated for lack of money. I do send people away untreated who I believe have money but lack the willingness to give it. That I sometimes make mistakes in this I do not doubt. But I am far oftener mistaken in being deceived on the other side. It often makes me groan in spirit to have to haggle over a few piasters. I would be glad never to mention money at all. On the other hand, the fact that I carry on my practice on a business basis, as other physicians do, gives me a standing as a layman among them rather than as a clergyman, which makes my Protestantism less suspicious to some than it would otherwise be.

"I would not have you think that I do a small amount of work among the poor. Three fourths of the 1,300 visits that I made last year were entirely free.

"The danger of secularization of the missionary himself is great, but that is a temptation not confined to this branch of missionary work. It is in my experience no greater than the danger of what I may call 'professionalization' for the clerical missionary. Active religious work is the safeguard against such secularization. Of the humane side of the work I have said little. It is second to the evangelizing part, but only second. Especially in cases where surgery is required is this most evident, and it is in this most especially that my work lies, for even the best native physicians do little surgical work. I esteem it a blessed privilege to relieve physical suffering, even if I have not been able to impart spiritual instruction at the same time. In the training of natives to become physicians I have done nothing, and it is not needed. There are good medical colleges in Aintab and Beirût accessible to young men; and they most of them find means to go abroad beside.

"In conclusion I wish to say what appears to me to be the special office of the medical missionary work in this land at this time. It is not in its relation to the Armenians and Greeks, but to the ruling race. It is to become established, to gain name and position, to gain skill and experience, to win love and confidence among the Turks, in order at the present time to assist in remov-

ing their prejudices against the name of Christ, and in order to have the agency established and working which, in the near future when they shall be free to hear and accept the gospel, shall be a mighty power to draw them to Christ."

VIII.

The testimony of Dr. Grace N. Kimball, of Van, Turkey, is as follows : —

" Christ's original command to the Apostles and to the Church was to go and preach, teach, and heal the sick. Therefore, in my conception, the missionary physician stands as a member of this evangelical trinity — a trinity formerly united in one person, but now in our day of specialization necessarily divided into three branches of the divinely ordained work. He needs make no apology or feel no reproach because his energies are chiefly absorbed by the physical necessities of his constituency. I venture to affirm that the most injurious mistakes that have been made in mission work have been made through an almost superstitious reverence for so-called spirituality ; and a corresponding blindness to the real everyday, practical needs and problems of the native community.

" As a work of Christian humanity, medical missionary work speaks loudly for itself. We all at home have had experience of the indispensability of the skillful Christian physician. We have only to imagine our lives passed where he was not, to realize what he is to us and what he is to immense communities utterly destitute of any medical aid save that of the missionary doctor. The number of valuable lives every year spared to families which otherwise would have been plunged into deepest poverty and distress, the number of children saved from lives of total helplessness through blindness, and the amount of excruciating suffering spared, leaves nothing to be proved as to the humanitarianism.

" Its power in evangelistic work (so called because I consider that the evangel is as clearly given in teaching and in medical

course as in any other) depends on the view we take of this work. If we regard its results as adequately reported in each year's tabular view, in the number of church members received or souls saved, medical missions are a total failure. If we regard its results as only to be shown by a broad view of the condition of the people individually, as families, and socially — a view extending back over years and forward over years; if we look for deep, far-reaching changes in the whole community, then we shall find, I am sure, that the medical work has not had an inferior part in bringing about these changes. The number of persons who definitely come out as evangelical Christians as the actual result of the medical work of medical missionaries must be very small. But the number of people who are brought into more sympathy with that work and its official representatives; the barriers that are broken down, and beyond this the work that is done in elevating the conceptions of the people as to their duty to and care of the 'temple of the Holy Ghost'; and the practical exemplification of the Spirit of Christ, — these things do not go down in tabular views; nor can a single decade tell the whole story of their influence.

"I believe, too, that the medical work is beneficent enough, persuasive enough, and Christlike enough to stand on its own merits, and to be able to dispense with the often used concomitant of tracts and dispensary preaching. I believe that there is a time and place for everything; and that among people of any degree of intelligence and discernment this forcing of spiritual things upon them when they are bent on physical help and often weary and racked with pain can but be received in the vast majority of cases either with the Oriental hypocrisy which regards it as the price paid for benefit received or with a stolid indifference which covers very pronounced but individual opinions. A few are touched and genuinely so; but would they not be as strongly influenced without these? We have no precedent or precept for it in the Bible. The physician himself, conducting a work free from the suspicions of proselytizing, will find and recognize opportunities for telling exhortations.

"I see much written in missionary literature that makes me marvel. First, the wonderful number of patients which some — many — missionary physicians are able to see and treat in a given time. I should greatly like to know if any responsible doctor at home would pretend to see from 150 to 250 *new* patients a day, — a general practitioner obliged to cope with every known human infirmity. Could he make a conscientious scientific examination of the case and its history, arrive at a diagnosis, decide on the treatment judiciously, instruct the patient as to hygienic and other precautions — all in from three to ten minutes, and keep it up ten to twelve hours in the day? If it cannot be done, is not the missionary doctor in danger of playing the well-meaning but actual charlatan? Again, is the practice, of giving advice and medicine free to all, wise in its effects on the people or just to the constituents at home? Here again: a medical missionary goes on an itinerating trip, visiting a large number of villages, staying a day or two in each, seeing all the multitude who come, free, giving each a dose of medicine, preaching the gospel, and passing on. This makes a very telling letter to the missionary magazine, yields a great and fascinating excitement to the missionary. There is an intoxication about seeing crowds around one, pleading for help, kissing your hand, groveling at your feet, blessing you with tears in their eyes. The people for the moment are enthusiastic and grateful, believing that they have received great good at the hands of the missionary. But will there not be a revulsion? Patients with the colic or summer complaint or some trivial or acute affection may have been cured. But upon the vast majority little or no good will have been wrought physically; and this physical insufficiency will effectually counteract any spiritual impressions which may have been received. And yet the price paid for this has been a lavish expenditure of physical strength on the part of the medical missionary, and of medicines and other medical adjuvants, much of which can legitimately be considered thrown away.

"All this in the way of a meditation, not as a judgment! And

all arises from the deep conviction that we are fallen on days when in every department of labor, sacred and secular, sound practical principles and methods are demanded. The days of sentiment are over, and facts are called for."

IX.

Dr. D. M. B. Thom, of Mardin, Turkey, thus writes: —

"The work of the missionary physician should be considered under three heads: —

"First, his relation to his missionary associates; second, his relation to the evangelistic work; third, his relation to the people, or the humane side.

"(1) His relations to his missionary associates. A missionary who has no physician associated with him is under a constant strain in regard to his family. Should they be taken ill or anything befall them, 'What am I to do?' is the question constantly occurring to him. And when sickness comes it is such a strain upon the nervous system as to almost incapacitate him from his regular work. Missionaries without a physician within call are not able to do the work they otherwise would, nor are they able to hold out on the field so long. It remains a terrible burden upon their hearts in times of illness, especially if the case terminate unfavorably. The thought continually comes up, 'Had a physician been here perhaps our loved one might have been saved.' So that as far as his associates are concerned, the physician is a necessity and worth all that is spent upon him.

"(2) His relation to the evangelistic work. It is a question in my mind if so much is accomplished on this line as some glowing descriptions from other countries and fields would lead us to believe. True, multitudes are seen by the physician that could never be seen by the regular missionary, and seeds are sown in places where none but the physician can go; and his life, methods, and conversation before the people ought to count for something, for our lives ought to be 'an epistle to be read of all men.' If one's work is in the hospital and he has it worked up to a fine

thing, his opportunities for reaching those under his care are of the best; for when a patient is under your daily care he will accept anything at your hand, whereas if he were only an outdoor patient, he may listen to you and he may not. I have repeatedly been told, 'Enough of that; tend to our bodies now.' The evangelistic work is helped indirectly by the physician's relations with the local government. His brother missionaries often have a surer footing and a stronger hold on the people through the physician's relations to 'the powers that be.' The doctor is a privileged person with them, and for his sake they will bear a great deal and do a great deal that they would not but for him. Nor does the doctor need to cringe to them, or serve them for nothing. He is thought the more of when he charges a good fee for his services. I speak from personal experience. My relations here with those in authority have always been of the very best. Wherever it has been my fortune to come in contact with the government authorities, I have never received anything but the most polite attention. So that on the evangelistic side, taking all these items into consideration, the missionary physician is a valuable auxiliary.

"(3) His relation to the people, or the humane side. There is no language sufficiently strong to express the good done by the missionary physician in this line. It is not, as a general rule, the habit of a physician to speak of his own branch of the work, but as the questions have been put to me I must tell things as they are or the half will not be known. Almost everywhere where the missionary physician is found there are no doctors who compare with him in knowledge or skill, in surgery especially, so that he comes as a godsend to the people even if religion is left out entirely; and if he comes with both, the blessing cannot be estimated. You might think from the foregoing that all the natives flock to the missionary physicians. By no means. Do all our enlightened *American* people pass by quacks and non-licensed doctors? We must not expect too much of these people. But the missionary physician has all he can or cares to do, even when he charges a fee or takes pay for the medicine. We also have

other communities to contend with, Catholics, etc., who do more gratuitous work than we are allowed to or than we think is wise to do. And but few Catholics will go to a Protestant physician if one of his own faith is found in the community, even if he be a much less able man. The missionary physician's work from a humanitarian standpoint cannot be gainsaid.

"As to the training of native medical assistants: it *is* desirable if they would be contented with the training they can secure in this country. But when they become ambitious and must finish their course abroad I have my doubts as to its advisability; for example, I have trained four; three of them are now in America. One has been practicing for over ten years in Chicago. The second, after graduating with special honors and spending a term in St. Luke's Hospital, began practice in the same city, and has since married an American girl and settled down for life. The third, not yet settled, talks of returning for the good of his people; the fourth remains at home only for lack of funds to take him elsewhere. I do not think it pays to raise up medical students in this land to swell the ranks of the profession in America. According to my experience the training of native medical men does not pay for the time expended upon them.

"As to incidents illustrating the value of this arm of the service: they are innumerable. As mentioned before, the physician is a privileged person among the government officials. An incident in point: our governor who is now here for the second time, after an absence of a year and a half, was taken ill on his arrival the first time. I was absent then. The city doctor, army doctor, and a doctor of the Dominican missionaries were called in. Finding him in a critical condition, they at once sent for the city doctor at Diarbekir; so that on my arrival four days later he was being seen twice a day by four doctors! They had given their prognosis that he could not live to exceed four days; already two or more of the four were gone when I reached home. I was at once sent for. Seeing the patient in company with the four, I made a critical examination of the case, and gave it as my

opinion that with good care he would pull through. To make a long story short, I was retained for the case and my patient recovered, and is a well man to-day. From that time to this he has been a warm and stanch friend of ours; has helped us through a number of tight places, where if he had not been a warm friend he could have made it hard for us."

FROM CHINA.

X.

Dr. H. T. Whitney, of the Foochow Mission, presents the following historic statement: —

MEDICAL MISSIONS IN CHINA.

"I. The place of the medical missionary in mission work?

"*Answer.* In connection with well-established, with pioneer, with evangelistic, and with educational work, and ought not to be divorced from either.

"The value of medical missions?

"1. The humane value: It saves life and mitigates suffering; it also prevents, relieves, and cures diseases and injurious habits. This point might be drawn out indefinitely, but it will be sufficient to merely note the mountain peaks and hilltops as we pass down the century.

"(1) It is well to note that the medical profession bestowed upon China its first great discovery in this century, namely, the art of vaccination to prevent smallpox — the greatest disease scourge of China next to Asiatic cholera.

"Edward Jenner, an Englishman, discovered vaccination in 1797 and made it known in 1798; and in the short period of seven years after (1805) Dr. Alexander Pearson, surgeon to the East India Company, introduced it into China. The same year he wrote a treatise on The Theory and Art of Vaccination, which was translated into Chinese by Sir George Staunton and published in Canton. He labored with untiring zeal for twenty-seven years, when it became thoroughly established in the Kwangtung

province. Dr. Pearson's principal assistant, Mr. Yao, became the leading Chinese disseminator of vaccination in China and at one time he went by invitation, free of expense, to Peking to introduce it there. Twelve years after Dr. Pearson's first treatise was published Mr. Yao prepared one of one hundred pages to which were appended three *odes* in praise of vaccination; one by a governor-general. In thirty years Mr. Yao alone vaccinated over a million patients.

"By the combined efforts of Dr. Pearson and his assistants the art was extended to all the leading provinces of the empire. The blessing to China of this one discovery it would be difficult to overestimate; and the name of Dr. Alexander Pearson will go down in history as the first great benefactor of China of this nineteenth century. Also of *him* should it be said rather than of any one else that he 'opened China to the gospel at the point of the lancet.'

"(2) To Dr. T. R. Colledge, another physician to the East India Company, belongs the merit of establishing, first at private expense and later helped by voluntary contributions, the first institution in China for the relief of indigent natives — from 1827 to 1832. This work made a marked impression upon the Chinese. 'The institution became the topic of conversation throughout the provinces, and praises and gratitude were heaped upon him by the beneficiaries and their friends.'

"He urged upon the various missionary societies the desirableness of employing medical missionaries as pioneers in their Christian work, and several papers which he wrote for this purpose had considerable influence in directing attention to the subject. With Dr. Colledge also originated the idea of the Medical Missionary Society of China, and he served as its president for forty years.

"(3) While the humane labors of these physicians were not performed in the capacity of medical missionaries, yet it was of the same nature and equally as valuable, and beautifully illustrates the humane aspect of medical missionary work.

"We now come to the first medical missionary work proper done under a missionary board. The name of Dr. Peter Parker as the first medical missionary to China is well known in both eastern and western hemispheres and in three continents.

"Beginning his work under the American Board in 1835 in Canton, he soon started lines of influence that resulted in physical blessing to at least 53,000 patients by his own hands, and it is probably safe to say millions more by the hands of others. For it was through his influence, in connection with Drs. Colledge and Bridgman, that the Medical Missionary Society of China was organized (February 21, 1838), which has already resulted in the treatment of more than a million patients. And as the treatment of one patient often means a blessing to one or two others and sometimes to a whole family, it is more than probable that the million patients treated do not represent more than half of those who have been blessed. But in addition to this Dr. Parker was the means of bringing into existence the Edinburgh Medical Missionary Society (in 1841), whose influence in Great Britain, India, China, Japan, Turkey, Persia, Africa, etc., has ever been widening till now no adequate estimate can be made either of the number treated or the extent of its blessing.

"(4) Dr. William Lockhart, of the London Mission, from 1839 to 1864, also shed a wide influence for good all up and down the China coast from Macao to Peking. Tens of thousands were blessed by his efforts, and he opened the way for other medical missionaries and ministers to prosecute their work with greater facility and success; and his influence at home these many years has been an important factor in the successful extension of the noble influences of the Edinburgh Medical Missionary Society.

"(5) Dr. Benjamin Hobson, of the London Mission, who arrived in Macao the same year (1839) as Dr. Lockhart, did a similarly valuable work in Macao, Canton, Hong Kong, and Shanghai.

"He was the first to begin the preparation of Western medical works in Chinese, by which he has exerted an enlightening influence of wide extent both in China and Japan.

" His works on Surgery, Practice of Medicine, Midwifery, and Natural Philosophy are said by one to be of ' incalculable benefit to the Chinese and worth the labor of a lifetime.'

" (6) The humane value alone of Dr. J. G. Kerr's work in Canton, from 1854 to the present, in connection with the Presbyterian Mission, has nowhere ever been equaled, with the possible exception of Dr. Parker's indirect influence in helping to start the Medical Missionary Society of Canton and the Edinburgh Medical Missionary Society.

" Dr. Kerr's work covers a period of thirty-eight years.

" By himself and under his supervision some 700,000 patients have been treated, and about 38,000 operations performed. Among these operations some 1,300 were for calculi, the value of which needs only to be known in order to be appreciated.

"But in addition to this nearly all the text-books, except the Anatomy, that have been used in teaching medical students were prepared by his unceasing energy and perseverance.

" (7) The names of Drs. McGowan, Gauld, Dudgeon, and Osgood also stand out in bold relief among the order of medical missionaries in China, and their humane influence alone can never be properly estimated; but they will be remembered by their beneficiaries while life lasts, and the effects of their work with those who have labored before them will continue on into the next century.

" Dangers (under Humane Value) : —

" (1) That the press of secular duties will cause the neglect of the religious part of the work; (2) that the exceptional opportunities for surgical work may create an ambition to develop a professional reputation at the expense of the society supporting him; (3) that the natives may come to regard the medical work as a vital part of Christianity.

" 2. Educational value: The earliest Chinese medical works were written more than 4,000 years ago, and the latest date back at least 150 years ago. This musty literature contains no accurate theory or science of medicine, and hence is of no practical value to the medical student.

"Through empiricism, however, some have learned the symptoms and cause of certain diseases and the value of certain medicines for their treatment, but the theory of disease is so erroneous and the treatment of diseases so involved in superstition that grave sicknesses are usually aggravated by the native physician.

"Surgery, moreover, is not yet in its infancy.

"The need therefore of medical text-books, medical instruction, and medical literature is only too apparent.

"A good beginning has already been made in the preparation of medical text-books. This work, undertaken first by Dr. Hobson, has been ably and somewhat extensively supplemented by Dr. Kerr.

"Drs. Dudgeon, Osgood, Dowthwaite, Porter, Hunter, and a few others have also made valuable contributions.

"There have already been prepared in Chinese, works on anatomy, physiology, chemistry, materia medica, pharmacy, theory and practice, surgery, hygiene, and some special works such as on the eye, skin, syphilis, bandaging, and diseases of women, and a medical nomenclature to correspond. But works on obstetrics, diagnosis, histology, medical electricity, operative surgery, and medical microscopy ought to be prepared soon; and an Illustrated Monthly Medical Journal is greatly needed for the benefit, first of those who have already been trained in Western medicine, and also for the many native doctors who would be greatly benefited by it. Various other brochures and larger works will also soon be in demand, such as History of Medicine, Place of Medicine among the Professions, Insanity, Dentistry, Dissecting, Nursing, Mental Physiology, Lady Physicians, etc.; and all such work will of necessity devolve upon the medical missionary.

"The training of medical students began of necessity with the beginning of medical work in China, and several hundred have already received sufficient medical training to make them of service in connection with hospital and dispensary work, and many have already gone out to do good work among their people.

"As it is the rule with medical missionaries to train only Christians, the majority of those who have gone out have been of this character; and some of them have exerted a marked Christian influence, while the rest perhaps have averaged as well as a like company of Christian physicians in a Christian land.

"The more distinctive Christian character of trained medical students has been more apparent in later years owing to the spread of Christianity, which affords better material to select students from.

"The greatest need of China, next to Christianity, is 300,000 conscientious native Christian physicians to meet the present demands for relieving the untold and incomputable sufferings of the people. If the 175 or more dispensaries and hospitals in China should annually turn out 100 trained men and women, it would be a large average; but even at this rate how long would it be before China could thus have one physician to each 1,000 inhabitants?

"The condition of things thus shown clearly demonstrates that the educational and literary work for medical missionaries is only equaled by the religious work confronting the clerical missionaries.

"3. Religious value: This cannot be measured by merely counting the number of Christians medical work has produced, though these can be counted by hundreds; and if the proportion has been at all constant throughout China, they can be counted by thousands. Nearly all of the purely humane work, if done in a Christian land, would be regarded as benevolent or philanthropic work. Being done in the way it is and in connection with Christian missions, it is really under the circumstances indirect religious work.

"But in addition to what has already been enumerated, medical missionary work prepares the way for extending the gospel. It has kept and is keeping open many chapels that would otherwise have to be closed. It has brought hundreds of thousands within the reach of the gospel that otherwise, in all probability,

would never have heard it. It helps thousands to live a better life, though they may not openly profess Christ.

"Medical missionary work in certain places has been considered by some more successful than direct clerical work. By many it is put upon the same plane as clerical work, and by the vast majority of missionaries in China it is regarded as only second to the direct work of preaching the gospel.

"4. The opportunity and need of medical missionary work: These extend throughout the empire — from Manchuria on the north to the island of Hainan on the south, and from the island of Formosa on the east to Thibet on the west. Or, if one prefers, from Peking to Canton, and from Shanghai to Lan-Chao (Kan Sun) province — see your cloth map of China.

"5. Incidents of the value of medical missions.

"(*a*) Individual missions.

"(1) The medical missionary work at Swatow (English Presbyterian) does the largest hospital practice in China, and has, without doubt, produced the greatest number of converts in the same length of time. The Canton Hospital (American Presbyterian) comes next.

"(2) After these two it would be difficult to determine which have been the more successful, but among the first should be named our own Foochow work (equaling about one seventh of the Foochow membership), and the Shao-wu work (equaling about one fifth of the Shao-wu membership); also, the London Mission work at Hankow, Tientsin, and Peking; the United Presbyterian Church of Scotland work at New-Chwang, Manchuria; the China Inland work at Che-Foo; the Baptist Missionary Union work at Ningpo; the English Presbyterian work at Amoy; the Canadian Presbyterian work at Tamsui, Formosa; and the work of our Dr. Porter at Pang-chuang and elsewhere.

"(3) There are a number of more recent medical works that I have not sufficient knowledge of to give their relative success, but quite a number report two, three, four, five, and ten conversions in a single year; and some of them include a number

of inquirers besides. So that it is safe to say that the majority of the hospitals in China are blessed with more or less conversions every year in addition to all their other worth.

"(*b*) Particular instances.

"During 1883 in the Swatow Hospital over 140 gave in their names, men and women, as candidates for church fellowship.

In 1878 a leper at the Swatow Hospital became interested in the truth, and four years after it was found that he had influenced about thirty of his village friends to give up their idols and worship God. From these five were selected and received to the church at the first visit of the missionaries.

"At the Amoy Hospital an interesting case is reported of a man who, seventeen years before, came for treatment. On his return home he reported to his friends the kind treatment he had received and the gospel of God's love which he had heard. In consequence of this a few believed, and as the number increased persecution arose and they had to leave the village. They begged for a teacher and one was sent who gathered a congregation of about 100.

"As many came from a distance a new community had to be formed farther inland. The work went on till seven such congregations were gathered, numbering from thirty to upwards of 100, all the outcome of the truth sown in one patient's heart while in the hospital. This is probably the most remarkable instance that has ever occurred in China.

"The case of Dr. Chin at Yang-chin-ken in the Shao-wu field is familiar to you through our Missionary Herald.

"An interesting case is reported from the London Mission Hospital at Hankow. A farmer brought to the hospital his two daughters, aged thirteen and sixteen years, both totally blind from double cataract. They were operated upon and returned home with sight restored. While in the hospital they received daily Christian instruction, and at length desired to confess Christ. After a few weeks' probation and giving evidence of a change of heart they were baptized. Three months after they returned with

several of their sick neighbors and their mother, who had been blind over twenty years and was now forty years old. She said she did not expect to be healed of her blindness, but she came to receive Christian instruction. Her eyes were operated upon and her sight restored. While in the hospital both she and her husband were brought to Christ. They were baptized the Sunday before they left, and so all returned home a happy Christian family, father, mother, and two daughters.

"Quite a number of similarly interesting instances have occurred in connection with medical work in China.

"(*c*) Personal testimony.

"The Foochow medical work has exerted a very wide influence for good and has brought many to Christ, not only in our own mission, but we have had testimony from several members of the Methodist Episcopal Mission and Church Mission of converts in their fields who first learned about the truth in our hospital.

"Dr. Lockhart's testimony fifty-five years ago was: 'I say it with confidence, that medical missions in China have been successful in winning an entrance for the gospel to the hearts and consciences of the people, which no other agency could have so well effected.' About the same time Dr. Wilson, Inspector of Naval Hospitals, in his Medical Notes on China says: 'Among the most promising means now employed for reforming or rather revolutionizing the moral, intellectual, and social condition of the Chinese, we would rank the medical missions. They have a more potent means than those who address themselves to the understanding to touch the heart and undermine their antiquated structures, and rear in their stead institutions of light and liberty; substituting for the worship of idols adoration of the true God.'

"Rev. Griffith John, a veteran of the London Mission, Hankow, says: 'Our hospital at Hankow is a thoroughly Christian institution. I never enter the wards without feeling that it is a great spiritual power, destined to accomplish a mighty work for God in the center of China.'

"Mr. John Lowe, late Secretary of the Edinburgh Medical Missionary Society, in his work on Medical Missions well says: 'A good-sized volume might be filled with interesting records of the triumphs of medical missionary work in China, India, Japan, Siam, Burma, Madagascar, Africa, Persia, Central Turkey, Syria, and in many parts of the continents of America and Europe.'"

XI.

Dr. H. N. Kinnear, of the Foochow Mission, presents the following views: —

"I take it that the medical missionaries of the American Board of Commissioners for Foreign Missions, in most cases at least, have a twofold work, that of being physicians to the missionaries where they are stationed and that of doing direct medical missionary work among the natives. The relative amount of care and time required by these two branches of work must vary in each place, depending upon the number of missionaries, the healthfulness of the place, the degree of development of the medical missionary work, and several less important circumstances. In general I incline to think that the importance of the first part of the work is rather underestimated as a rule. In the treaty ports where there are other foreign physicians it is easy for the missionaries to obtain medical advice, but in many places, as in Foochow, for instance, the foreign physician charges for treating families by the year, preferably, the charge here being $100 a family and the same for each single person; and if not hired by the year, his fee for each call is $5. At this rate it would have cost the mission here $600 or $700 for medical attendance during this year, if there were no mission physician here. I need scarcely ask you to look over the history of those mission stations that have not been supplied with physicians. It may be presumed that they have been manned with consecrated men who would stay at their post as long as it seemed possible, and yet how much time has been lost in many of them by trips to the ports or other places where medical advice could be obtained!

It would be hard for a person in America to imagine all of the nerve strain that must be endured by some devoted people who have gone to the interior of China without being accompanied by physicians. The knowledge that they are more exposed to contagion and infection than at home; that if wife or child is taken ill, medical help cannot be obtained without a long journey, when it may be too late to save life; that if a member of the family were to die, there would always remain the feeling that it might have been different if medical aid could have been summoned, and that perhaps all was not done that might have been done, — all of these reflections must sometimes be brought home to the thoughtful man, and must bring a kind of care, notwithstanding the most perfect faith in God, that detracts something from the elasticity of a person's mind.

"Where there are several stations and only one man to do the medical work, he is almost certain to be demanded, first in one place, then in another, for weeks at a time, perhaps, so that anything like doing systematic missionary work must become impossible.

"This phase of our work is not by any means without its cares. Each one of the workers of the mission becomes to us as a brother or sister, so that we are deeply interested in their physical welfare for their own sakes. Then we can hardly fail to remember how many loved ones at home are looking to us to watch over them, and we have the best of opportunities to know how useful they are, and how hard it would be to find another to fill the place of any one of them, so that their sicknesses bring a heavier burden of care than the ordinary patients of a physician at home.

"It is in view of this part of my own work that I have felt warranted in asking the mission to estimate for help to my work from the Board. The money that is given by the Chinese officials and the foreign community is given for the work for the Chinese and should be used for that only; even then it is insufficient to meet all our needs, and is certainly insufficient to buy the many

finer preparations and more expensive medicines which are needed in doing work for the foreigners, while many appliances needed to promote the comfort of a foreign patient during an acute illness are seldom or never needed in the hospital. To be sure, many such drugs and appliances may not be used every year; but each missionary physician should be allowed a reasonable amount each year to keep a stock of the medicine and nursing appliances that may be needed in *any emergency* by any of the missionaries under his charge.

"In regard to the medical missionary work, I presume that the testimony of all medical missionaries will be the same. It is not indispensable in opening up new work, but, as is generally admitted, it is the most useful help. I suspect that a careful examination would prove that most cases of trouble with the Chinese in newly opened stations have occurred where preaching and teaching were begun abruptly, without any medical work, and that the most permanent work and the places where there has been most perfect understanding with the Chinese are places which were opened by medical work. There are physicians in China, probably some good ones, aside from the medical missionaries; but the number of those having really good sense in treating disease is probably small, and none of them offers free treatment to even the most abjectly poor. So that while the wealthier people do call native doctors, and will so continue to do to some extent, the great class of poorer people, whose conditions of life render them more liable to disease, and who would or could not go to native doctors, are glad to put themselves under our care. In regard to the opportunities offered it is hard for me to make temperate statements. I sometimes compare my work to the evening meetings held at the suburb church near here. The church is open nearly every evening, the singing calls a crowd, and the gospel is preached with good results, a few coming more or less regularly until they are convinced of the truth and accept it, while a large amount of seed is sown, that must have an influence in removing prejudice, if it never bears

more apparent fruit. In the hospital we have much the same service every morning. We call it morning prayers, but it is as much a gospel preaching service as most of the evening meetings. It comes at a time of day when the hearers are not too tired to listen attentively and quietly; we are very seldom disturbed by having any one leave the room during the time, as is so common at the church. At the church many of the people come in led by curiosity, and feel under no obligations to listen to what is said, or even to be respectful to the speaker. At the hospital all is reversed. All of the usual attendants come to receive a favor from the physician, and do not care to lessen their chances of receiving his best care by incurring his displeasure. The larger number of the attendants are in-patients, who do not hear once and then go away, but hear the truth every morning, not a disconnected text, but the consecutive exposition of chapters of the Gospels, with direct personal appeals from all of those from whom they are receiving care. They soon learn that a religion of which such work is the fruits cannot be altogether bad; that a religion that the foreign physician believes and that prompts him to work among them under such disagreeable conditions, and do for them things that their relatives are seldom willing to do, must have some reason in it. In short, they hear the gospel more regularly, and in a state of mind produced by leisure, by freshness, and by the spirit of the place, better calculated to produce deep and lasting impressions than is usually the case at the church. As to the results of the work I will refer you to my reports: the one for the year ending March 31, being nearly ready to bind, contains some items of interest to you. The patients come from such widely separated fields that it is impossible to gain any adequate idea of the total result of a year's work. If it could be all gathered into one church, I am sure it would be encouraging. Mr. Hartwell recently sent two evangelists to a town seldom visited by missionaries. A patient from the hospital, who became a member of the suburb church last February, is the first Christian there; they found him regularly reading the Testament and

hymn book I gave him, talking about the doctrine, and receiving warm welcome and ready listeners in the villagers.

"Does the work pay from a humanitarian point of view? Yes. How well? It can be estimated when the value of a pair of eyes is determined, when we know what a father's right arm is worth to the family depending upon it, when we know what may be the result of saving a life. All of these things are done here every year, and besides them hundreds of less notable things that save suffering and useful members.

"These few points will assure you that I believe that the medical work is an important part of our work as missionaries; that under ordinary conditions it presents opportunities, to say the least, as favorable for the presentation of truth as those presented by any of the other methods of evangelization; and that considering all things its results are as good, though not always as apparent or as easily computed."

XII.

Dr. E. R. Wagner, of Northern China, thus expresses his view: —

"First, a missionary, whether clerical or medical, must be ready and willing to spend and be spent for the lower classes in society. I doubt if this fact is made prominent enough at home, and I fear that many young missionaries are grievously disappointed, discouraged, and perhaps have a feeling of being wronged because they were not thoroughly posted in this line. It is true that some missionaries do have to do with the highest classes, but in China at least this is not of very frequent occurrence. I know of no better preparation for the foreign field than that offered in such an institution as the International Medical Missionary Society of New York. If a man does not like the work among the poor of a big city at home, or cannot make a success of such work, he is almost certain to make a failure on the mission field.

"Second, he is the best medical missionary who can perceive and follow up with the gospel the openings made by his medical

skill. I fear there is much lost to the work by the failure of the medical missionary to do this, either from want of inclination or ability.

"Third, if a medical missionary is unfortunate enough to find out that he is not a success as an evangelistic worker, he should not give up striving to develop in this line.

"Fourth, it is of the first importance that his work as a doctor should be first-class. Imagine a second or third rate missionary doctor making a success at this time in Japan! To be sure, China is not Japan, but it is changing year by year in its attitude toward foreign medicine.

"Fifth, the training of native medical assistants is an important educating factor. Just as the clerical missionary finds that the native helper can reach the people much better than he can, so the missionary physician finds that a well-trained medical assistant can do much more than he can in disarming prejudice and making the people realize that the foreigner is among them to do good and not to deceive or harm them. If the foreigner at any time should have to leave his work, anything done in the line of supplanting native quackery with foreign medicine is a real gain in the cause of humanity and aids in opening the country to foreign influences.

"Perils on the secular line are common to the clerical and medical missionary. The astonishing indifference of the Chinese to any form of religious instruction from foreign sources, and the disgust which their cupidity and untrustworthiness excite in the foreigner, strongly incline the latter to spend more of his time in a line more congenial to his tastes than that of forcing an unwelcome truth on unwilling hearers. The medical missionary has besides this the strong temptation to allow all of his time and energy to be taken up with purely medical work."

XIII.

Dr. H. D. Porter, of North China, sums up his views as follows: —

"I. The medical work is the divinely appointed substitute for miracles.

"There is a sense of course in which we may use the word 'miracle' with reference to all missionary work. The changes which have come through the gospel in the course of its wide proclamation are sometimes considered miraculous. As the exponent of the work of the Holy Spirit they are indeed marvelous. But these changes are the natural and determined results of the unfolding of God's grace to men. I do not consider it legitimate to call them miraculous. On the other hand, the medical appeal is to the same pitiful need of men. It is so direct and immediate that the dullest can appreciate and rejoice in it. The appeal is personal and carries with it, as did the early miracles, its own demonstration which neither the recipients of the aid nor their friends desire to gainsay, if they are able to.

"(1) The medical work is a fitting substitute for miracle in the range of its influence. 'The multitudes' are aroused by it. In our own station during the ten years or twelve since medical work has been carried on we have reached directly and personally 100,000 persons. The direct influence is beyond our ability to estimate. In China alone there have been reached annually now for many years a multitude approaching half a million each year.

"The first recorded miracle of the Saviour, which was a work of healing, was wrought upon the son of a nobleman. The first raising of the dead was the ruler's daughter. 'And the fame thereof went abroad into all the land.' The most immovable class was thus affected as well as the 'multitude' who always received and heard gladly. The work of the medical missionary has had a like fame sudden and widespread. At Tientsin, within a stone's throw from our own mission compound, three great hospitals are carrying on their beneficent work. The first was established in 1880, for men, in the grounds of the London Mission, a splendid building upon the busy thoroughfare bearing a constant testimony to the messages of the gospel. The second is upon the other side of the same street a few hundred yards away, estab-

lished for women and children. The third is nearly opposite the original one, with its noble front upon the same street. Close beside these a fourth is in quiet operation, and adjoining the third one mentioned there are now being erected a vast series of buildings for the purpose of equipping the Chinese army and navy with suitably educated and furnished medical men. This remarkable series of benevolences has sprung from the partial healing by missionary physicians, one a man and the other a woman, of the wife of a nobleman. A Christian native physician has been for many months the chief reliance of the imperial court at Peking when serious and alarming disease has attacked the members of the imperial family.

"(2) The medical work is the fitting substitute for miracle in the self-conscious ability of the physician to give the needed relief. I once attended with another member of the profession an old gentleman who had accumulated very large wealth and was duly respected for his great business capacity and general ability. No man in this generation has been more respected in that community than he. He had a hopeless disease. He had called in no less than 100 native doctors. A single examination showed the source of the trouble. Surgical relief could give a temporary respite from pain and death. The confidence with which the advice was given was marvelous to those whose dependence had always been conjecture in place of clear and exact knowledge.

"(3) The medical work is the substitute for miracle in the marvelous relief or cure which is effected through either surgical or medical skill. Our native helpers, after seeing the many interesting cases which come to the hospital go away with very great improvement, say in a humorous way: 'The deaf hear, the lame walk, the blind see.' They cannot say, 'The lepers are cleansed, and the dead are raised.' But every other form of malady and ill may be successfully reached. Nothing appeals more directly to sense of wonder and grateful acknowledgment of ability than the cure of the apparently hopelessly blind. We have a good woman who acts as the very efficient matron of our hospital. It

is now some four years since she came some hundred miles or more, a poor blind beggar led by a little son. She was in good estate as an innkeeper until she became blind from cataract. Hearing of the work and dragging herself painfully along till she reached us, she sought for the help the fame of which had reached her. The eyes were duly operated on. One was gone too far for help; but the other was easily cured by the operation and care. The marvelous result was enough to give an increasing fame to the hospital work in the region she came from. The cases where both eyes are thus enlightened and healed are very numerous now. The splendid courage of the man who in absolute confidence begotten of superior knowledge cuts off a man's leg to save his life, and who returns the patient to his friends healed and strong, makes a tremendous impression upon an ignorant and suspicious people. When such serene confidence is repeated unceasingly through a series of years and through a multitude of appalling cases of disease the appeal is closely allied to that appeal which the Saviour made in his marvelous works of touching and healing. The Chinese are forward in admitting the skill and power of Western medicine. They say as their first thought: 'This is the touch of the hand of a spirit or fairy.' It was this which made the work of Dr. Peter Parker so distinguished at Canton. It was this which left the memory of Dr. Hobson and Dr. Lockhart so green in the thoughts of men at Shanghai and Ningpo half a century ago. It is this which makes the name of Dr. Kerr so revered at the south, and the name of Mackenzie as dear to the Chinese as that of the still more famous Gordon. It is this which has raised the rank of women workers to a level with that of their brethren, in the wide repute of Dr. Howard King and Dr. Reif Snyder. The Chinese are horrified at the simple thought of any operation which opens the abdomen for the sake of physical relief. But they are familiar now with many cases of both men and women healed of deadly disease for whom there was no other resource.

"The most interesting case I have had in my own practice was

that of a large tumor of the superior maxilla. The flesh of the cheek was divided, the bone with the protuberant mass was removed, the woman returned to her home with scarce a scar upon her face, a living witness to the spiritlike power of the foreign doctor. In Western lands these matters attract no attention because of their commonness. But in heathen lands wherever the skillful touch of the medical man goes, the mystery and the marvel of it make an impression whose influence even we are unable to measure.

"II. The medical work is a signal illustration of the beneficent work of the gospel. The missionary physician fulfills in a very real sense the words of the prophet which the Saviour fulfilled: 'Himself took our infirmities and bare our sicknesses.' Happily the gospel message is not merely a message of words, it is a message of deeds as well. The natives in China understand very well that their own physicians never do anything but in a perfunctory way. Whatever is done is done for the meager little sum of money or the small gift that accompanies every prescription or word of advice. They understand equally well that the benevolent work which is done for them by the man from over the sea is a matter of pure benevolence. 'Where did you ever see the like of this?' 'What possible inducement can there be for his doing this?' 'Can you find another one in all this land willing to do such things for men?' 'Nothing seems to disgust him.' 'What the majority of men would never think of touching even with a long bamboo rod this man touches and cleanses.' These are some of the sentences which can be heard in every hospital or dispensary. They are the humble tribute of the people assisted to the good works of the gospel. The missionary physician comes nearer touching the fountain of sympathy and influence than any other. When one considers his opportunity and privilege, accumulating as the years of experience go on, he may well be filled with unceasing gratitude for the influence that is allotted to him in and through his work.

"III. The medical work has a direct power in evangelistic

work. The other day I was speaking with our helpers of the terrible hostility in Central and South China to the gospel. Our experience in Shantung has been strangely exempt from peril or anxiety. There are bitter feelings expressed, no doubt; but the prevailing feeling toward us in a wide region is that of kindly interest. Through these, now many, years people have been getting accustomed to our presence and work. The gospel has been illustrated, and the people everywhere speak well of us. In fact they speak better of the foreigners than they do of the natives. They have learned to have a manifest regard for the high tone of moral life, the utter absence of enmity and quarreling, which is the special characteristic of the native life. This widespread good name has come very largely through the infiltration of the steadily pursued medical work. As to the evangelistic portion of the medical work it is almost impossible to separate it from the other work. That is, from the work of the preaching missionary. The two are integral parts of a common whole and cannot be separated. Still it may be said that the medical man has the first access to the people. It often happens that the medical man has a less perfect knowledge of the native speech and so is not in the nearest relation to the people who come for help. If this be the case, he is restricted in his best effort in touching the deeper thought of the people. Happily, here we have not felt such restriction and the medical work has gone hand in hand with all the evangelical work. I think this may be said of the field in China generally. The hospital work at Swatow, at Han-Kow, at Hang-Chow, at Tientsin, and I may say here in Shantung, has been signalized by its earnest effort in the line of teaching the gospel message to those who have been in attendance. One need not go into special cases beyond the very few. There was a man here two years since, a rough, crude man with a wild and boisterous speech. He was a runner at the Yamen in his region and full of all deceit and iniquity. He was here many months. He was filled up with the gospel. He learned to read in a short time, although over thirty years of age. He became a very enthusiastic believer.

I hope he remains so, although he has not been with us for some time. There is a man here now who has been here but two months. He could read a little. He spends all his time in reading the Gospels. He has been received on probation. I believe he is a true seeker after the Light of Life. The record of each year's work is a record of similar cases. From our hospital court more books are sold than anywhere else. They are sold to persons who have reason to be interested and awakened by what they read. We have faith to believe that a signal part of the medical work is the implanting of a new intellectual and spiritual life in the minds and hearts of the scores and hundreds who visit us. And what we see is no doubt the continuous story of the most of the centers of medical work in the East."

XIV.

Dr. A. P. Peck, of North China, presents the following statement: —

"We medical missionaries are placed in rather a delicate position, as we of course would not wish to magnify our office above its true relation to the purely evangelistic department. Fortunately I can escape the embarrassment somewhat for myself by referring to some facts in connection with the mission during the last decade, and to the expressed opinions of some of my colleagues as to the value of the medical work as an aid in reaching the masses. My own knowledge of the medical history of the North China Mission begins with the year 1880, when an appeal written by the Rev. Isaac Pierson and printed in the Herald was sufficient to draw me from an established practice in America; for four years I was associated with him at the station of Pao-ting-fu, where his faithful and patient work laid the foundation for the flourishing station we have there now. There I opened our first hospital, being the pioneer in the work in this mission.

"My colleague, Dr. H. D. Porter, who is M.D. as well as D.D., had been for some years on the field, but being the only man of medical training had been called a great deal from station to sta-

tion to attend cases of illness among the missionaries, and had never been able to establish regular hospital work. For the sake of absolute accuracy I will note the fact that Dr. Treat, son of Secretary Treat, had been for a short time in connection with the mission, but had returned to America before I came out, and I understand had never settled down anywhere. So that I may fairly say that I was the first unordained medical missionary to establish regular hospital work in connection with the North China Mission; and from the fact that since then such a department has been eagerly sought for every station of our mission except Tientsin, where it is not wise to add another to the many hospitals already existing, I read in this development a practical acknowledgment of the great usefulness of this department of missionary effort.

"It may not be uninteresting to note that since I came out seven unordained medical missionaries, of whom two were ladies, have joined this mission; while in addition, since the opening of the station at Pang-chuang, Dr. Porter has carried on regular medical work until my transfer, in 1884, enabled him to devote himself mainly to the (to him more congenial) evangelistic work. And we should also give full credit to the large and valuable medical work done by Rev. I. J. Atwood, M.D., now of Shansi, who was for a time in this field; also to Rev. H. P. Perkins and Mrs. Perkins, who are now in America but soon to return.

"Thus from small beginnings the medical work has grown to the proportions indicated, absorbing the time of a number of missionaries and making a large item in the yearly appropriations required for carrying on the work of this mission. The fact of the growth is the evidence pointed to in proof of the value set on it by this mission. And I may refrain from quoting from my clerical colleagues any formal expressions of opinion as to the helpfulness of the medical work. Proceeding to a consideration of

WHAT DOES IT DO:

"First, It blesses physically thousands of otherwise helpless ones. In our own land only the poverty-stricken need such humane

provision. Those who have money can procure the best help that science can give them. Here there is absolutely no other provision for the thousands who throng us. I have often felt grieved that this philanthropic aspect of our work did not appeal more strongly to the supporters of missions at home. Blessed sympathy there so often expends its glad munificence in the form of building and endowing hospitals both by public and private charity that it would seem in the light of the earthly life of our Lord this might be considered for its own sweet sake a legitimate part of Christian missions — for His sake and in his name; and all the more heartily, since —

"Second, It does this work at far less cost than such charitable enterprises can be provided for at home. The entire cost of a hospital like Williams Hospital, capable of accommodating 100 patients, besides taking care of the very large dispensary clinics, is less than is usually paid to endow a single bed in one of our great hospitals at home. We do not have in our operating rooms the finest appliances for modern antiseptic surgery, nor has the attending staff the time and strength in the great press of work to meet the exacting demands of it in its late wonderful development.

"We furnish neither food, fuel, bedding, nor nursing to our patients, all of which must go into the expense of a free hospital at home. In the matter of drugs, too, it is my habit to use the cruder forms, so that many of my patients are taking the same sort of unpleasant decoctions that our respected grandparents used to swallow, rather than the elegant but more expensive products of modern pharmaceutical chemistry.

"Third, The presence of a medical missionary gives the members of the missionary force at each station constant and competent advice; this is not a light matter either as regards the health and comfort of the missionaries or the occasional avoiding of expense to the Board. I think that during the past winter two of the members of one station would have died had it not been for very assiduous care given through a long and dangerous illness.

"Fourth, The medical work brings to our doors thousands of people every year who would not otherwise come near us. These are not all sick people; those who cannot serve themselves must bring some one of their family to wait on them. In one instance this last winter five came to wait on an old lady from whom I removed a cancer. So that the number of patients reported in hospital does not represent by a considerable fraction those who are reached by the presentation of gospel truth.

"Fifth, They are kept during the period of their stay under far more favorable influences than if reached in any other way. With abundant leisure, with friends at hand ministering both to bodily and spiritual necessities, their home affairs and the cares of daily life removed from their consideration for a time, the reception and growth of new ideas are greatly facilitated; while a sort of gratitude for benefits conferred often makes them anxious to please us by paying some attention to the instruction given, when otherwise they would be indifferent to it.

"Sixth, The above remarks are more pertinent to those who remain as in-patients for a time in the hospital than to those who only come to the daily clinics. Preaching to these transient comers in the waiting-room is more like preaching to the crowds at the fairs; but it is worthy of remark in this connection that more Christian books are sold in the waiting-room of the hospital here than are sold by the force of native evangelists in their continuous trips to the fairs, large and small, for the express purpose of preaching and bookselling.

"Seventh, The reputation which is given to the mission station in the great heathen community by which we are surrounded is very much better on account of the charitable work here carried on. Among a people so capable of appreciating such an institution as the Chinese, it carries great weight and tends largely to allay the feelings of suspicion and irritation with which foreigners are so generally regarded in China.

"Eighth, The medical work recommends not only the foreigner personally but the religion which he preaches. A curious instance

of this comes to my mind as I write. A young man turned up not many weeks ago in my office, having walked a distance of about forty miles; his errand seemed to be to inquire about our religion. He had never been here before, and to my question as to whether he had heard the preaching of our missionaries or native helpers at the fairs he said he had not. He was not acquainted with any of our church members and said that so far as he knew none of his neighbors or acquaintances had ever been here for medicine. Upon my pressing him as to how then he knew anything about us and our religion, he said he got it from an oil pedler who stopped in his rounds at his gate. As there are no newspapers here, gossip is the usual means of carrying news, and the itinerant venders of all sorts, as used to be the case with us, are important disseminators of intelligence. In the course then of this accidental conversation the young man learned enough about us here to pique his curiosity and impel him to take the tramp and spend the money required to come here. He dared not tell at home where he was going, and so had to come away without any bedding, since to take it would have attracted attention. But stealing away he stopped at a temple where an uncle is the priest, told him where he was going and got him to send back word to the family not to be alarmed at his absence. Being curious to know all the links of the chain I queried further as to the oil pedler. Did we know him? No, he had never been here. Well, then, the natural question was how did he know about us? The young man said that the pedler learned what he knew from an innkeeper at a place about thirty miles east of us, where he was in the habit of putting up on his rounds. Yes, but who is the innkeeper? Do we know him? Oh, no, was the reply; the innkeeper had never been over here. Well, then, pursued the relentless examiner, what did the innkeeper know about us? The innkeeper said he had a friend who had been troubled for a long time with a fistula, which the innkeeper, being something of a doctor, had tried in vain to cure. Finally the friend came to our hospital, stayed a few days, was

cured, and returning carried not only the story of the marvelous cures performed here, but also something of the doctrine he had heard. At the risk of wearisome prolixity I have traced the windings of this little incident as they unfolded themselves to me. What the outcome may be we cannot tell, but you will doubtless agree with me that it casts an interesting side light on the social conditions among this curious people, and that it is much better for us to be talked about in this way than in the style of the old stories of digging out hearts and eyes and like cheerful rumors which circulate in all parts of the empire and have provoked many riots.

"Ninth, I hope that in reckoning the value of our medical work no one would wish to estimate it by calculating the number of conversions among our patients. The problem is by no means so simple. It is a time of patient seed-sowing (so to speak). And yet it is a fact that there are very many of our Christians who were first brought to us through the hospital. I remember, many years ago, when I was stationed at Pao-ting-fu, a little old man who came to have a large tumor removed from his neck. He had never seen a foreigner until he came into our courts, and had only heard of us through the reports carried away by patients. Yet before coming he sold all his little property to get the means to come with. To the remonstrance of friends and neighbors he only replied that the tumor made his life a burden, and that he was going to try this foreign doctor anyway; saying in the expressive idiom of his vernacular, 'If he was cured well, he could earn some more money; and if he was cured dead, he would not need it.' His simple faith would not take account of the dangers of the operation, which I rather shrank from myself, so I yielded to his insistence and was gratified that he did not die on the operating table. After a prolonged convalescence and when he had eaten up the supplies he brought with him, he left the hospital suddenly at daylight one morning while he was still in a dangerous condition from an intercurrent attack of erysipelas, only saying to the gatekeeper that he could not think of accept-

ing my offer of food until he should be better, as he was already under great obligations to us for what we had done, and he did not like to be a further burden on our charity. We had no acquaintance in the region he came from, and so I sent a bottle of medicine by some one going in that general direction, hoping that it might, after being passed from one to another, finally reach him. We heard nothing from him, and I concluded that he had probably died. Months afterward, however, one of our colporters found him, as he said, 'very much alive' at a fair; he had not only entirely recovered, but was preaching the gospel; this was the more surprising as while in the hospital he seemed to be even stupider than the average; but after all he had really taken in a little of the doctrine he heard, and moreover had bought a little book called the 'Trimetrical Classic,' a most elementary statement of the outlines of Christianity in a jingle of three characters to a line. He had paid for it and he had learned to read it, and he rolled it up in his bedding and carried it off with him. When he got well he began going again to the little local fairs, as all well-regulated Chinamen do in the country districts, for there all the business is transacted and all that is going on in their little world is to be seen and heard. He had been well known for years as 'the man with the big tumor,' and when he came around without it he was a great curiosity. But they said he used to keep a big handkerchief tied about his neck, and when a little crowd of people would want to know all about it he would say: 'Yes, I got cured up there, but they had a doctrine up there too that is better than the medicine; and I 've got a little book here that tells about it; so if you will sit down here and let me tell you about the doctrine, then I 'll show you my neck!' So his excited audience must needs put their curiosity in their sleeves while he pulled out his little book and told the 'old, old story of Jesus and his love.' I am glad to be able to add that he was afterward invited to a winter class at Pao-ting fu, learned more of the truth, joined the church, and has ever since been a zealous, warm-hearted Christian; while his district, Po Yi,

you will find now reported in the station reports of Pao-ting-fu as having a little church and being one of the hopeful out-stations in this developing work.

"Tenth, The great numbers attending our dispensaries and hospitals are far beyond the ability of one man to handle, and this implies the training of young assistants. They are taught from medical works that have been translated into Chinese, and this, with the immense clinical experience they get, rapidly gives them a considerable degree of skill in the treatment of the more ordinary ailments. And they are able not only thus to aid the missionary but make useful companions for the preaching evangelists in tours through the country.

"Some of the young men whom we have had in training have not proved as competent or as worthy as we wished and they have been dismissed. We demand a high degree of Christian growth and culture as well as zeal and ability. Much to our regret several have failed to come up to the standard and have been dismissed; so that these losses, with one or two deaths, have kept our force only equal to the expanding work. In my judgment the time has come for the consideration of the question as to whether a medical education should not be provided for larger numbers; and young men of ability who have had some literary training in our Tung-cho school may be selected for this department.

"If the Christian physician is felt to be a power in a community at home, how much more would he be here! I came to China with high hopes that the native practitioners of medicine might be induced to attend our clinics, and seeing the advantage of foreign medicine be glad to get at least a little superficial knowledge of it, and so prepare the way in this generation for a more thorough education for the next. This has been the case in Japan, but Chinese conservatism is as yet too much for this innovation and my hopes in that direction have been blasted.

"It now remains to be seen what with wise prescience we can do for future generations, beginning with those who are children

to-day. A thorough scientific education as we understand it is perhaps neither necessary nor desirable for this first generation of such practitioners, but a plain, practical, somewhat empirical knowledge of modern medicine is enough where the popular ignorance is as yet dense. The profession will always keep in advance of the general intelligence."

These fourteen testimonials from the missionary field speak for themselves. They emphasize the importance of the medical arm of the missionary service and make the call for enlarged plans and for enlarged contributions for this department imperative. The apostolic motto for this paper may appropriately be: "LUKE THE BELOVED PHYSICIAN SALUTETH YOU."

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